

STATE OF KANSAS

SHARP PAYCHECK REPRINT REQUEST

(Please print or type all information)

Important: An approved form DA-6P must be attached to this form.
This form is for agency use only and should be filed with the agency's payroll documentation.

DEPT. ID	EMPLOYEE ID	SSN	EMPLOYEE NAME (Last, First, MI)

PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT

(Agency Authorization Signature)

(Request Date)